

TRANSMITTAL FORM

The proponent of this form is CAMP-MSB. See CAL PAM 40-2 for complete instructions.

☐ Line of Duty ☐ Incapacitation Pay Request ☐ Death Report ☐ Medical Bills ☐ Other

Office of the Adjutant General
ATTN: CAMP-MSB, Box 20
P.O. Box 269101
Sacramento, CA 95826-9101

From:

Date:

POC:

Phone:

USAGE: All source documents sent to Military Services Branch are logged in and out to provide control at all levels and to furnish an audit trail.

INSTRUCTIONS TO COMPLETE FORM: Check-off inventory items attached and obtain signature of BN or MACOM Administrative Officer (AO). Forward to OTAG, ATTN: CAMP-MSB, Box 20. Special instructions are provided on the reverse side of this form. See CAL PAM 40-2 for complete instructions.

Soldier's Name:

SSN:

Date of Injury:

Document Inventory for LOD

Informal LOD

- ☐ DA/CA ARNG Form 2173
- ☐ Soldier's Statement/Rights Warning (CA ARNG Form 40-5)
- ☐ Witness Statement(s) (DD Form 2823) #1
- ☐ Medical Treatment Records (CA ARNG Form 40-6-2) #6
- ☐ AT Orders/IDT Training Schedule #3
- ☐ Other Documents #2

Administrative LOD

- ☐ DA/CAL ARNG form 2173
- ☐ AT Orders/IDT Training Schedule #3

Formal LOD

- ☐ DD Form 261
- ☐ Order Appointing Investigating Officer
- ☐ DA/CA ARNG Form 2173
- ☐ Letter of Adverse Personnel Action #5
- ☐ Soldier's Statement/Rights Warning (CA ARNG Form 40-5)
- ☐ Witness Statement(s) (DD Form 2823) #1
- ☐ Medical Treatment Records (CA ARNG Form 40-6-2)
- ☐ AT Orders/IDT Training/ Schedule #3
- ☐ Accident/ Police Report #4
- ☐ Map showing direct route (As Required)

See special Instructions. (Refer to reverse side for INCAP and DEATH inventory)

Administrative Officer Certification:

I certify that I have personally reviewed the attached documents and found them to be correct and complete in accordance to CAL PAM 40-2.

DATE OF CERTIFICATION

PRINT/TYPE NAME/RANK AND SIGNATURE

Incapacitation Payroll

1. Initial Payroll:

- ☐ CA ARNG Form 37-2C
- ☐ CA ARNG Form 37-2H
- ☐ CA ARNG Form 37-2E (If required)
- ☐ CA ARNG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CA ARNG 40-6-2 #6
- ☐ CA ARNG Form 37-D
- ☐ DA Form 5960 (Authorization to start...BAQ/VHA)
- ☐ Rental Agreement/Mortgage paperwork
- ☐ AT Order/IDT Training Schedule

2. Additional Payrolls

- ☐ CA ARNG Form 37-2C
- ☐ CA ARNG Form 37-2H
- ☐ CA ARNG Form 37-2E (If required)
- ☐ CA ARNG Form 37-2F (If required)
- ☐ CA ARNG Form 40-6-2 #6

Death Case

- ☐ Death Report (Example CAL PAM 40-2)
- ☐ Certified Death Certificate
- ☐ DD Form 93
- ☐ VA Form 29-8286
- ☐ Last three LES
- ☐ Unit MPRJ/Drop file
- ☐ Statement of pay due
- ☐ Copy of condolence/sympathy letter
- ☐ Police Report*
- ☐ Coroner Report*

*Depending on the cause of death (gun shot wound, auto accident, etc.)

Special Instructions

1. DD Form 2823 should be used if available. Plain bond or notebook paper can be substituted.
2. Submit other documents as required to assist in the investigation/determination. (Physicals, accident reports, maps, etc.).
3. AT Orders/IDT Training Schedule are required when on duty status.
4. Accident/police report are required if a vehicle accident is directly related.
5. Letter of notification for not-in-line-of-duty findings and adverse personnel action pending.
6. CA ARNG Form 40-6-2 must be submitted with each INCAP payroll request.

Comments: